

**Affidavit of Process Server**

VIETTA L. JOHNSON, M.D., ET AL vs COOK COUNTY BUREAU OF HEALTH SERVICES, ET AL OBC 213  
 PLAINTIFF/PETITIONER DEFENDANT/RESPONDENT CASE #

Being duly sworn, on my oath, I TRACY ELLIS  
 declare that I am a citizen of the United States, over the age of eighteen and not a party to this action.

**Service:** I served CITIZENS COUNCIL, M.D.  
 NAME OF PERSON/ENTITY BEING SERVED  
 with the (documents) ☐ Subpoena with \$ \_\_\_\_\_ witness fee and mileage

☒ SUMMONS & COMPLAINT

by serving (NAME) JOSEPH COTY (RISK MANAGEMENT)

at ☐ Home \_\_\_\_\_

☒ Business 500 E. 5TH, CHICAGO, IL

☒ on (DATE) 4-22-08 at (TIME) 9:15A

Thereafter copies of the documents were mailed by prepaid, first class mail on (DATE) \_\_\_\_\_

from (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_

**Manner of Service:**

☐ By Personal Service.

☒ By leaving, during office hours, copies at the office of the person/entity being served, leaving same with the person apparently in charge thereof,

namely JOSEPH COTY (RISK MANAGEMENT)

☐ By leaving a copy at the defendant's usual place of abode, with some person of the family or a person residing there, of the age of 13 years or upwards, and informing that person of the general nature of the papers,

namely \_\_\_\_\_

☐ By posting copies in a conspicuous manner to the address of the person/entity being served.

**Non-Service:** After due search, careful inquiry and diligent attempts at the address(es) listed above, I have been unable to effect process upon the person/entity being served because of the following reason(s):

☐ Unknown at Address

☐ Evading

☐ Other: \_\_\_\_\_

☐ Address Does Not Exist

☐ Service Cancelled by Litigant

☐ Moved, Left no Forwarding

☐ Unable to Serve in a Timely Fashion

**Service Attempts:** Service was attempted on: ( ) \_\_\_\_\_ DATE TIME \_\_\_\_\_ ( ) \_\_\_\_\_ DATE TIME \_\_\_\_\_

( ) \_\_\_\_\_ DATE TIME \_\_\_\_\_ ( ) \_\_\_\_\_ DATE TIME \_\_\_\_\_ ( ) \_\_\_\_\_ DATE TIME \_\_\_\_\_

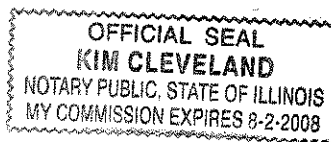
**Description:** ☒ Male ☐ White Skin ☒ Black Hair ☐ White Hair ☐ 14-20 Yrs. ☐ Under 5' ☐ Under 100 Lbs.  
☐ Female ☒ Black Skin ☐ Brown Hair ☐ Balding ☐ 21-35 Yrs. ☐ 5'0"-5'3" ☐ 100-130 Lbs.  
☐ Glasses ☐ Yellow Skin ☐ Blond Hair ☐ Mustache ☒ 36-50 Yrs. ☐ 5'4"-5'8" ☐ 131-160 Lbs.  
☐ Red Skin ☐ Gray Hair ☐ Beard ☐ 51-65 Yrs. ☒ 5'9"-6'0" ☒ 161-200 Lbs.  
☐ Red Hair ☐ Over 65 Yrs. ☐ Over 6' ☐ Over 200 Lbs.

OTHER IDENTIFYING FEATURES: \_\_\_\_\_

State of Illinois County of Cook

Subscribed and sworn to before me, 22 day of APRIL, 20 08  
 a notary public, this

NOTARY PUBLIC



UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

VIETTA L. JOHNSON, M.D., DANIEL  
IVANKOVICH, M.D., KAREN NASH, M.D.,

CASE NUMBER: 08 C 2139

V.

ASSIGNED JUDGE: JUDGE CASTILLO

COOK COUNTY BUREAU OF HEALTH  
SERVICES, ROBERT R. SIMON, M.D., AARON  
HAMB, M.D., CLIFFORD CRAWFORD, M.D.

DESIGNATED  
MAGISTRATE JUDGE: MICHAEL W. DOBBINS

TO: (Name and address of Defendant)

CLIFFORD CRAWFORD, M.D.  
500 E. 51 st Street  
Chicago, Illinois 60615

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

LINDA C. CHATMAN  
MARCUS, BOXERMAN & CHATMAN  
19 S. LaSALLE SUITE 1500  
CHICAGO, IL 60603

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

MICHAEL W. DOBBINS, CLERK

**URI ISUF**

(By) DEPUTY CLERK

**APR 17 2008**

DATE

AO 440 (Rev. 05/00) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE	
NAME OF SERVER (PRINT)	TITLE	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____ _____ _____		
<input type="checkbox"/> Other (specify): _____ _____ _____		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on _____ Date _____ Signature of Server _____</p> <p style="text-align: center;">_____ Address of Server _____</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.